

**State of Oregon Drinking Water Program  
Monthly Disinfection Report for Ground Water Systems**

System Name Cold Springs Water Company PWS ID# 41 - 05201  
 Month/Year 4 / 25 Entry Point: Required Minimum Residual .70 mg/L

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	11		2.17	
2	11		2.20	
3	11		1.58	
4	11		2.15	
5	11		2.05	
6	11		2.05	
7	11		1.99	
8	11		1.99	
9	11		2.06	
10	11		2.05	
11	11		2.09	
12	11		2.10	
13	11		2.07	
14	11		2.20	
15	11		2.15	
16	11		1.97	
17	11		1.75	
18	11		1.82	
19	11		1.85	
20	11		1.91	
21	11		1.94	
22	11		1.92	
23	11		1.92	
24	11		2.20	
25	11		2.20	
26	11		2.20	
27	11		2.20	
28	11		2.20	
29	11		2.20	
30	11		2.20	
31	11		2.20	

Was the chlorine residual ever less than the required minimum residual of .70 mg/L? ☐ Yes ☒ No  
 If yes, what was the longest time period until the required level was restored? \_\_\_\_\_ hours - If > 4 hours, Drinking Water Program to be notified by end of next business day.

**GWS Serving 3,300 or Fewer**

If yes, did you monitor every four hours until the residual returned to \_\_\_\_\_ mg/L as required? ☐ Yes ☐ No

Attach those results and submit them with this form.

**GWS Serving More Than 3,300**

Did continuous monitoring equipment fail at any time this reporting month? ☐ Yes ☒ No

If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? ☐ Yes ☐ No

Attach grab sample results and submit them with this form.

Date continuous monitoring equipment failed: \_\_\_\_\_

Date it was returned to service: \_\_\_\_\_

Printed Name: Lisa Cross

Title: Operator

Operator Certification #: 5991524

Signature: [Signature]

Phone #: (503) 985-7561

OR

Date: 5 / 9 / 25

Small Groundwater System ☐